

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16	1					
17		1				
18		2				
19	1					
20		1				
21	1					
22		1				
23		1				
24		3				
25		3				
26		3				
27		3				
28		3				
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30		3				
31		3				
32	1					
33		1				
34		1				
35		3				
36		3				
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	54					
TOTAL CLAIMS	60					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						